the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH	ARIZONA	SIA	IE BOAK	DOFF	IEAL I	7
ounty of	BUREAU OF VITAL STATISTICS			State Index No		
District of Slavio.	ORIGINAL CE	RTIFICA	TE OF BIRTH	Co. Re	egister No.	4
Town of	-	<u></u>	-	Local Regi	strar's No	•••••••
or XXXVV	/No	•	. <u></u> s	t:	V	Ward)
City of	(No	047		,	_ \	
FULL NAME OF CHILD. Survey of child is not named, make Supplement	al Report on blank	ohtainahle	from local regist	trar.	Born {	NG
	() Numl		1 22-1		, O	\$
Sex of Child Twin, Triplet or other	and in ord of bir	ler Le	gitk Birth			191 <u>V</u> (Yr.)
Full FATHER		Full Maiden	мотня С	ER (?.l		
Isaac Johns		Name Residen	_ 		<u> </u>	
Residence	74		Dame			
Color Age at las	t W I	Color or Race	<u>, , , , , , , , , , , , , , , , , , , </u>	Age at i Birthd	av	<u>. I</u>
or Race White	(Years)		white-		(Ye	ears)
Birthplace	-	Birthpla	white	00d, 100	Duha	ta
Occupation		Occupat	ilon \\	0		
Cattleman			Mauri	<u>whi</u>	 _	
	lren, of this mother, now living	. 3	Were precautions takep a	against Ophthalmia r	eonatorum?	مب
Number of child of this mother.	OF ATTENDIN	C PHAS	ICIAN OR MII)WIFE*	. \	7
·			\	181915	- at 430	9
I hereby certify that I attended the birth	of above child; and	d that it oc	curred on	۱ ۸-+		1.
*When there is no attending physician or midwife, then the householder should make this return.	}	(Signatu	re) (Attending pl	ysician, midw	He, househ	
Given or christian name added from	a	Δ	ddress	.)		
supplemental report191	Filed Jaw 5	- <u>2</u> 191.6.	- 13	32.01		
	Lag 0	, A	True Copy 🔼	LOCAL	REGISTR <i>i</i>	ın.
COUNTY REGISTRAR.	Filed	<u> 5 191 5</u>	0.0	COUNTY	REGISTR/	AR.
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